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APPLICANTS

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** CONTINUING DATA *****

none MH 11-2-05

** FOREIGN APPLICATIONS *****

none MH 11-2-05

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 04/21/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged	STATE OR COUNTRY CA	MH 11-2-05 SHEETS DRAWING 5	MH 11-2-05 TOTAL CLAIMS 21	MH 11-2-05 INDEPENDENT CLAIMS 4
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TITLE

Catheterization assist device and method of use

FILING FEE RECEIVED 437	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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